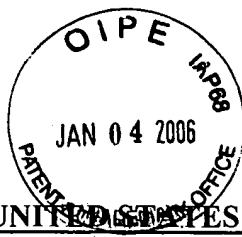


S/N 10/700,913



PATENT IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	J. Christopher Flaherty	Examiner:	Unknown
Serial No.:	10/700,913	Group Art Unit:	Unknown
Filed:	November 4, 2003	Docket:	INSL-0116CN
Title:	Laminated Patient Infusion Device		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the referenced materials are brought to the attention of the Examiner; for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Supplemental Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 503188 in order to have this Supplemental Information Disclosure Statement considered.

Pursuant to 37 C.F.R. §1.98(d), copies of the listed documents are not provided as these references were previously cited by or submitted to the U.S. Patent Office in connection with Applicant's prior U.S. application, Serial No. , filed on , which is relied upon for an earlier filing date under 35 U.S.C. §120.

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Pursuant to 37 C.F.R. 1.98(a)(2), Applicant believes that copies of cited U.S. Patents and Published Applications are no longer required to be provided to the Office. Notification of this

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Serial No :10/700,913

Filing Date: November 4, 2003

Title: Laminated Patient Infusion Device

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Dkt: INSL-0116CN

change was provided in the United States Patent and Trademark Office OG Notices dated October 12, 2004. Thus, Applicant has not included copies of any US Patents or Published Applications cited with this submission. Should the Office require copies to be provided, Applicant respectfully requests that notice of such requirement be directed to Applicant's below-signed representative. Applicant acknowledges the requirement to submit copies of foreign patent documents and non-patent literature in accordance with 37 C.F.R. 1.98(a)(2)

Respectfully submitted,

J. CHRISTOPHER FLAHERTY

By his Representatives,

Insulet Corporation

9 Oak Park Drive

781-457-4717

Date 11/8/2005
October 26, 2005

By 

R. Anthony Diehl

Reg. No. 38,432

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this ____ day of ~~October, 2005~~

November, 2005

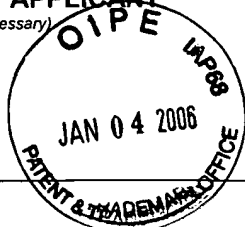
Name

Signature

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Complete if Known

Application Number	10/700,913
Filing Date	November 4, 2003
First Named Inventor	Flaherty, J.
Group Art Unit	Unknown
Examiner Name	Unknown

Sheet 1 of 2

Attorney Docket No: INSL-0116CN

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EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>	Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/700,913</td> </tr> <tr> <td>Filing Date</td> <td>November 4, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Flaherty, J.</td> </tr> <tr> <td>Group Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> </table>	Application Number	10/700,913	Filing Date	November 4, 2003	First Named Inventor	Flaherty, J.	Group Art Unit	Unknown	Examiner Name	Unknown
Application Number	10/700,913										
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First Named Inventor	Flaherty, J.										
Group Art Unit	Unknown										
Examiner Name	Unknown										
Sheet 2 of 2	Attorney Docket No: INSL-0116CN										

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Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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EXAMINER

DATE CONSIDERED